

## General

#### **Title**

Immunizations for adolescents: percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

#### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Domain

## Primary Measure Domain

Clinical Quality Measures: Process

## Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

## Description

This measure is used to assess the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

The Immunizations for Adolescents (AIMA) measure calculates a rate for each vaccine and one combination rate. This measure summary represents the overall rate.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

#### Rationale

Adolescent immunization rates have historically lagged behind early childhood immunization rates in the United States (U.S.). In 2000, the American Academy of Pediatrics (AAP) reported that 3 million adolescents failed to receive at least one recommended vaccination (Kroger et al., 2006). Low immunization rates among adolescents have the potential to cause outbreaks of preventable diseases and to establish reservoirs of disease in adolescents that can affect other populations including infants, the elderly, and individuals with chronic conditions. Immunization

recommendations for adolescents have changed in recent years. In addition to assessing for immunizations that may have been missed, there are new vaccines targeted specifically to adolescents.

This measure follows the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices (CDC/ACIP) guidelines for immunizations (Kroger et al., 2006).

#### Evidence for Rationale

Kroger AT, Atkinson WL, Marcuse EK, Pickering LK, Advisory Committee on Immunization Practices (ACIP) Centers for Disease. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) [published errata appear in MMWR Morb Mortal Wkly Rep 2007 Mar 23;56(11):256]. MMWR Recomm Rep. 2006 Dec 1;55(RR-15):1-48. [202 references] PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

#### **Primary Health Components**

Immunizations; meningococcal; tetanus; diphtheria toxoids; acellular pertussis; adolescents

## **Denominator Description**

Adolescents who turn 13 years of age during the measurement year (see the related "Denominator Inclusions/Exclusions" field)

## **Numerator Description**

Adolescents who received one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday (see the related "Numerator Inclusions/Exclusions" field)

## **Evidence Supporting the Measure**

## Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

## Additional Information Supporting Need for the Measure

Unspecified

## **Extent of Measure Testing**

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomiol statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

## State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

# Application of the Measure in its Current Use

#### Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

## Target Population Age

Adolescents who turn 13 years of age during the measurement year

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

#### National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

**IOM Domain** 

Effectiveness

## Data Collection for the Measure

# Case Finding Period

The measurement year

## **Denominator Sampling Frame**

Patients associated with provider

## Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

#### **Denominator Time Window**

not defined yet

#### Denominator Inclusions/Exclusions

Inclusions

Adolescents who turn 13 years of age during the measurement year

#### Exclusions

Adolescents who had a contraindication for a specific vaccine should be excluded from the denominator for all antigen rates and the
combination rate. The denominator for all rates must be the same. Contraindicated patients should be excluded only if electronic data do not
indicate that the contraindicated immunization was rendered.

- Either of the following meet required exclusion criteria:
  - Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Vaccination Value Set) any time on or before
    the patient's 13th birthday.
  - Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Serum Value Set), with a date of service prior to October 1, 2011.

#### Value Set Information

## Exclusions/Exceptions

not defined yet

#### Numerator Inclusions/Exclusions

#### Inclusions

Adolescents who received one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday

For meningococcal and Tdap or Td, count only evidence of the antigen or combination vaccine.

*Meningococcal*: At least one meningococcal conjugate or meningococcal polysaccharide vaccine (Meningococcal Vaccine Administered Value Set), on or between the patient's 11th and 13th birthdays

Tdap/Td: Any of the following with a date of service on or between the 10th and 13th birthdays meet criteria:

- At least one Tdap vaccine (Tdap Vaccine Administered Value Set)
- At least one Td vaccine (Td Vaccine Administered Value Set)
- At least one tetanus vaccine (Tetanus Vaccine Administered Value Set) and at least one diphtheria vaccine (Diphtheria Vaccine Administered Value Set) on the same date of service or on different dates of service

Combination 1 (Meningococcal, Tdap/Td): Adolescents who are numerator compliant for both indictors (meningococcal, Tdap/Td).

Exclusions

Unspecified

Value Set Information

## Numerator Search Strategy

Fixed time period or point in time

#### **Data Source**

Administrative clinical data

Electronic health/medical record

Paper medical record

## Type of Health State

Does not apply to this measure

#### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

## Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

## Basis for Disaggregation

This measure is disaggregated based on different definitions of the numerator. This measure calculates a rate for each vaccine and one combination rate.

#### Vaccines:

- Meningococcal
- Tetanus, diphtheria toxoids and acellular pertussis (Tdap)
- Tetanus, diphtheria toxoids (Td)

Combination Rate: Meningococcal, Tdap/Td

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

# Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

## Standard of Comparison

not defined yet

# **Identifying Information**

## Original Title

Immunizations for adolescents (AIMA).

#### Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

#### Measure Set Name

Effectiveness of Care

#### Measure Subset Name

Prevention and Screening

#### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

#### Endorser

National Quality Forum - None

## NQF Number

#### Date of Endorsement

2015 Sep 2

## Adaptation

This measure was adapted from the HEDIS Technical Specifications for Health Plans ("HEDIS Health Plan Measurement") and HEDIS Physician Measurement.

## Date of Most Current Version in NQMC

2014 Nov

#### Measure Maintenance

Annual

## Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

## Measure Availability

Source available for purchase from t	he National Committee for Qua	lity Measurement (NCQA) Web site	
For more information, contact NCQ	A at 1100 13th Street, NW, Su	ite 1000, Washington, DC 20005; Ph	one: 202-955-3500; Fax: 202-955-
3599; Web site: www.ncqa.org			

#### **NQMC Status**

This NQMC summary was completed by ECRI Institute on May 1, 2014.

This NQMC summary was updated by ECRI Institute on February 10, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

## Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

## Production

#### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

# Disclaimer

## **NQMC** Disclaimer

The National Quality Measures Clearinghouseâ,  $\phi$  (NQMC) does not develop, produce, approve, or endorse the measures represented on this site

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.